



A new app claims comparable effectiveness to user-initiated hormonal contraception

The Dynamic Optimal Timing smartphone application is marketed globally as a contraceptive and was developed by an organisation in the USA. A recent prospective observational study recruited 718 users over 13 cycles and showed similar effectiveness to oral hormonal contraceptives and the Natural Cycles app. The data from this study must be interpreted with caution, however, as just under half of participants completed the full 13 cycle duration, which in turn represents <1% of the 40 000 downloads of the app. As with all fertility awareness methods, users should be carefully counselled of the risks of pregnancy and the more reliable alternatives.

Eur J Contracept Reprod Health 2019; <https://doi.org/10.1080/13625187.2019.1647334>

Ulipristal acetate emergency contraception appears not to affect implantation

Many clinicians and patients worry about the effect of oral emergency contraception upon established pregnancies, despite clinical guidance to the contrary. The review article by Li *et al* considered clinical, in vitro and histological data gathered from multiple studies to conclude that ulipristal acetate is unlikely to have any effect upon implanted pregnancies, particularly at the dose used for emergency contraception (EllaOne in the UK). This information may be important in decision-making for women who hold beliefs around the importance of implantation.

Contraception 2019; <https://doi.org/10.1016/j.contraception.2019.07.140>

Conceptualising Zika as a sexually transmitted infection may help prevent spread in communities at risk

When Zika first hit the news, the emphasis was on the risk of spread via mosquito bite. It rapidly became established that the virus could also be transmitted sexually and so pregnant women may be at risk if their partner had travelled to an affected area, even if they had not. A qualitative study in the Bronx explored the issue of Zika

infection with Latina women who all agreed that Zika should be classified as a new sexually transmitted infection in order to best support pregnant women and minimise the impact of the virus. The participants, however, highlighted struggles with negotiating condom use, bringing us back to the perennial question as to how we best support and encourage safer sex.

Sex Transm Infect 2019; <http://dx.doi.org/10.1136/sextrans-2019-054093>

Depot medoxyprogesterone acetate users have no greater risk of HIV acquisition than IUD or implant users

Previous observational studies have suggested the possibility of a higher rate of HIV acquisition in women at high risk of HIV who use depot medoxyprogesterone acetate (DMPA) injections compared with other contraceptive methods. However, this could be due to unmeasured confounding or other methodological limitations of this study design and so the results of a high-quality study such as the ECHO trial are welcome. The ECHO trial was a large, randomised clinical trial conducted in Eswatini, Kenya, South Africa and Zimbabwe that was specifically designed to compare HIV incidence among three contraceptive method groups. Over 7800 women seeking contraception were randomised to receive copper IUD, DMPA or levonogestrel implants. Women were followed every 3 months for HIV testing and received a comprehensive package of HIV prevention services for up to 18 months. No difference was found in the rate of HIV acquisition across the three groups. A woman's risk of HIV should therefore not restrict her contraceptive choice.

The Lancet 2019; [https://doi.org/10.1016/S0140-6736\(19\)31288-7](https://doi.org/10.1016/S0140-6736(19)31288-7)

Menstrual cup use may increase the risk of Intrauterine Device (IUD) expulsion

Menstrual cups are an environmentally friendly alternative to tampons and sanitary pads and most brands can be reused for up to 2 years. A recent online survey of ~630 current and previous IUD users found an increased relative risk of IUD expulsion in women who also used menstrual cups

compared with tampon and pad users. The absolute incidence of self-reported expulsion was small but it may be time that we modify counselling at IUD insertion to routinely discuss menstrual cup use. Further research would be helpful to identify whether strategies can be found to mitigate the expulsion risk.

Eur J Contracept Reprod Health 2019; <https://doi.org/10.1080/13625187.2019.1643836>

Gentamicin inferior to ceftriaxone in the treatment of gonorrhoea

High-level antimicrobial resistance in *Neisseria gonorrhoeae* is a growing concern in the UK and globally, with the most effective antibiotics for its treatment under threat.

A large, randomised, blinded, multicentre non-inferiority study (G-TOG) compared a single injection of ceftriaxone with a single injection of gentamicin both with an oral dose of azithromycin in the treatment of gonorrhoea. There was acceptable clearance at genital sites with gentamicin plus azithromycin, however, for pharyngeal and rectal infection gentamicin was inferior to ceftriaxone plus azithromycin. The search for alternative treatments for gonorrhoea continues.

Health Technol Asses 2019; <https://doi.org/10.3310/hta23200>

Intermittent intrauterine balloon inflation may prevent recurrent adhesions after surgery

Intrauterine adhesions are thought to contribute to subfertility and miscarriage. Adhesions can be divided hysteroscopically, but often recur. A randomised controlled trial comparing intermittent intrauterine balloon inflation with standard care for women with moderate to severe intrauterine adhesions who underwent hysteroscopic adhesiolysis found that adhesion reformation occurred less frequently in the short term in the balloon group. Further research is needed to see if this has impact on clinical outcomes in terms of subfertility and miscarriage.

BJOG 2019; <https://doi.org/10.1111/1471-0528.15843>